GEAUGA COUNTY CONFIDENTIAL COMPLAINT FORM DISCRIMINATION, HARASSMENT, OR SEXUAL HARASSMENT FOR USE WITH THE NON-HARASSMENT POLICY

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Name of Complainant Address of Complainant					
Telephone Number(s)					
Nature of Complaint: Date of Alleged Action Time of Alleged Action	Discrimination	Harassment	Sexual Harassment	(Circle One)	
Name of individual again Is that individual a Geaug If yes, name of departmen If the individual is a third	nt where you are emp st whom charges are ga County employee? nt where the individual I party (customer or v	al is employed:	your supervisor and request	that the harassment be	
stopped. Please provide i	11s/her name and add	ress and/or the nam	e and address of his/her emp	loyer.	
Did you report this to any If so, to whom did you re					
Were there any witnesses					
Name/Address/Telephone					
Name/Address/Telephone Name/Address/Telephone					
(place) and what exactly l			plaint to be filed, including v	/here it nappened	
(continue on reverse, if no	ecessary)				
Signature of Complainant			Signature of County Representative		
Name of Complainant - Please Print			Date of Receipt		
Date of Complaint					
Instructions for Filing C	Complaint:				
Complaints by Non-Employees: File in duplicate, with staff.		plicate, with EEO	EEO Officer on the Board of County Commissioners		
Complaints by Employee	omplaints by Employees: File in duplicate, with Immediate Supervisor, the Department Direct Elected Official, or the County Administrator. A copy of the Complaint form should be given to the County Administrator.				